1								1
IPDR6702	: 07/22/2007		TDE	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		P.	AGE: 1	
KON DATE.	07/22/2007			CHECKWRITE DATE: 07/26/2007				
	-			FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
	H/DD/SAS							
		0	0		0	0		0
3404904		3411	1484	PROVIDER TYPE AND SPECIALTY 07				
3101301	WESTERN HIGHLAN DS LME	3.11	1101	4/113 CANNOT BILL ENHANCED				
	DO 2012			BENEFIT SERVICES ON OR AFTER D				
		3412	253	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED	0	2137	12481	10344
				BENEFIT SERVICES ON OR AFTER D				
		191	90	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404910	PATHWAYS	11	126	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
		E200	40	PRIOR AUTHORIZED UNITS EXCEEDE				
	+	5308	40	D D D D D D D D D D D D D D D D D D D	8	251	3806	3505
		5404	20	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404912	CATAWBA COUNTYM	191	23	CLIENT ID NUMBER DOES NOT MATC				
	ENTAL HEALT			H PATIENT NAME				
		79	2	THIS SERVICE IS NOT PAYABLE TO				
		79	2	YOUR SUBMITTED BILLING	0	27	1706	1679
				PROVIDER TYPE AND SPECIALTY IN				
		8505	2	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404913	MECKLENBURG COM	8505	10928	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	1465	FURTHER PROCESSING NECESSARY,				
		0000	1403	PLEASE CHECK FOR CLAIM ON	12	13479	13540	61
				FUTURE RA'S.				
		21	445	DUPLICATE OF CLAIM-SYSTEM				
		1						
		+						
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							
		1						
		0	0		0	_	0	_
	+				0	0	0	0
3404917	CENTERPOINT HUM	11	409	CLIENT NOT ELIGIBLE ON SERVICE				
	AN SERVICES	1		DATE				
		+						
	+	8599	80	DETAIL NOT COVERED BY COMBINAT	0	499	2383	1884
				ION OF RECIPIENT, PROVIDER AND		133	2303	1004
				BENEFIT PACKAGE.				
		8654	4	ONLY 16 UNITS ALLOWED PER DAY				
		0037	*	WITHOUT PRIOR				
	+	+		APPROVAL. PLEASE CORRECT THE				
3404919	GUILFORD CO MEN	8505	2088	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC	1		NT BUDGET				
		+						
		8599	123	DETAIL NOT COVERED BY COMBINAT	0	2300	3024	724
		1		ION OF RECIPIENT, PROVIDER AND		2300	3024	724
				BENEFIT PACKAGE.				
		8622	27	60 RESIDENTIAL LEVEL II TREATM				
		+		ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
 		+						

PROVIDER PROVIDER	SWEL 0 0 0 0 1 10 11 11 11	NUMBER OF DENIALS 0 0 172 172 31 31 16 14	DESCRIPTION *** NO DATA TO REPORT *** PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE	TNC DENTALS (C)	274	1224	TOTAL CLAIMS PAID 24 950
NUMBER PROVIDER 1 3404920 ALAMANCE CI L AREA MH I 3404921 ORANGE PER HATHAM AREJ 3404922 THE DURHAM ER	TAME EOBS SWEL 0 0 10 10 11 11 11 11 11 11 1	DENIALS 0 0 172 31 31 16	*** NO DATA TO REPORT *** PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE	DENIALS	DENIALS 0	PINALIZED 24	24 24
3404920 ALAMANCE CI L AREA MH I 3404921 ORANGE PER HATHAM AREI 3404922 THE DURHAM ER	SMEL 0 0 0 1 10 10 11 11 11 11 11 11 11 11 11	0 0 172 31 31 28 37	*** NO DATA TO REPORT *** PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		274	1224	950
L AREA MH I 3404921 ORANGE PERI HATHAM AREJ 3404922 THE DURHAM ER	0 0 5312 143 111 11 11 11 11 11 11 11 11 11 11 11 1	31 31 28 37 16	PRIOR AUTHORIZED DOLLARS EXCEE DED CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		274	1224	950
L AREA MH I 3404921 ORANGE PER: HATHAM AREJ THE DURHAM ER	0 0 0 11 11 11 11 11 11 11 11 11 11 11 1	172 31 328 37 16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F DIAGNOSIS, PROCEDURE CODE FOR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		274	1224	950
HATHAM AREA HATHAM AREA 3404922 THE DURHAM ER	143 143 11 11 CENT 21 10 11 11	172 31 328 37 16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F DIAGNOSIS, PROCEDURE CODE FOR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		274	1224	950
HATHAM AREA HATHAM AREA AND	143 143 11 11 CENT 21 10 11 11	172 31 328 37 16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F DIAGNOSIS, PROCEDURE CODE FOR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		274	1224	950
HATHAM AREA HATHAM AREA 3404922 THE DURHAM ER	143 143 11 11 CENT 21 10 11 11	172 31 328 37 16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F DIAGNOSIS, PROCEDURE CODE FOR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		274	1224	950
HATHAM AREA HATHAM AREA 3404922 THE DURHAM ER	143 143 11 11 10 10 11 11 11 11 11 1	31 28 37 16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F DIAGNOSIS, PROCEDURE CODE FOR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE				
HATHAM AREA HATHAM AREA 3404922 THE DURHAM ER	143 143 11 11 10 10 11 11 11 11 11 1	31 28 37 16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F DIAGNOSIS, PROCEDURE CODE FOR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE				
HATHAM AREA HATHAM AREA 3404922 THE DURHAM ER	143 143 11 11 10 10 11 11 11 11 11 1	31 28 37 16	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F DIAGNOSIS, PROCEDURE CODE FOR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922 THE DURHAM ER	143 11 11 CENT 21 10 11 11	28 37 16	ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE				
ER	11 11 10 10 10 11 11 11 11 11 11 11 11 1	28 37 16	ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE				
ER	11 11 10 10 10 11 11 11 11 11 11 11 11 1	28 37 16	ELIGIBILITY FILE CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE				
ER	CENT 21 10 10 11 11 11 8505	16	CLIENT NOT ELIGIBLE ON SERVICE DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		71	242	171
ER	CENT 21 10 10 11 11 11 8505	16	DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		71	242	171
ER	CENT 21 10 10 11 11 11 11 11 11 11 11 11 11 11	16	DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		71	242	171
ER	CENT 21 10 10 11 11 11 11 11 11 11 11 11 11 11	16	DATE DUPLICATE OF CLAIM-SYSTEM DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		71	242	171
ER	10 11 11 MH 8505	16	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE	(71	242	171
ER	10 11 11 MH 8505	16	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		71	242	171
ER	10 11 11 MH 8505	16	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE		71	242	171
	11 MH 8505	14	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE	C	71	242	171
3404923 FIVE COUNT:	11 MH 8505	14	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE	C	71	242	171
3404923 FIVE COUNT	11 MH 8505	14	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE	(71	242	171
3404923 FIVE COUNT	11 MH 8505	14	OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE	(71	242	171
3404923 FIVE COUNT	мн 8505		DIAGNOSIS, PROCEDURE CODE FOR CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404923 FIVE COUNT	мн 8505		CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404923 FIVE COUNT	мн 8505		DATE				
3404923 FIVE COUNT		289					
3404923 FIVE COUNT		289	ALATH DENIED DIE DO YVOTERANE		1		
3404923 FIVE COUNT		289	OLATA DENTED DIE DO TVOTERTOR		1		
FIVE COUNT		289					
	8536		CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	8536		NI BUDGEI				
	8536						
		41	ATTENDING PROVIDER TYPE AND SP		456	2091	1635
			ECIALTY COMBINATION IS NOT	,	150	2031	1033
			VALID FOR SUBMITTED BILLING PR				
	120	30	CLIENT ID NUMBER MISSING OR IN				
			VALID. ENTER CID AND SUBMIT				
			AS A NEW CLAIM				
3404925 SANDHILLS (ENTE 8505	5688	CLAIM DENIED DUE TO INSUFFICIE				—
3404925 SANDHILLS (R FOR MH/DI		3000	NT BUDGET			-	—
R FOR MIT/DI	,						
	8800	815	FURTHER PROCESSING NECESSARY,	12	6962	7808	846
			PLEASE CHECK FOR CLAIM ON				
			FUTURE RA'S.				
	8599	256	DETAIL NOT COVERED BY COMBINAT				
	8599	256	ION OF RECIPIENT, PROVIDER AND				-
			BENEFIT PACKAGE.				
						-	
3404926 SOUTHEASTER	N RE 5313	84	PRIOR AUTHORIZED FREQUENCY EXC				
G MENTAL HI			EEDED				
	8800	51	FURTHER PROCESSING NECESSARY,		421	1650	1229
			PLEASE CHECK FOR CLAIM ON FUTURE RA'S.			 	
			LUINE NA S.				
	23	49	SERVICE REQUIRES PRIOR APPROVA			+	
			L			1	
						1	
3404927 CUMBERLAND	CO M 8599	20	DETAIL NOT COVERED BY COMBINAT				
HC			ION OF RECIPIENT, PROVIDER AND				<u> </u>
			BENEFIT PACKAGE.				_
	143	5	CLIENT ID NUMBER NOT ON STATE		30	264	234
			ELIGIBILITY FILE		30	264	234
+					†	+	
						1	
	191	3	CLIENT ID NUMBER DOES NOT MATC		<u> </u>		
			H PATIENT NAME				
2404020							
3404930 JOHNSTON CO	UNTY 0	0	*** NO DATA TO REPORT ***		1	<u> </u>	.
MNTL HLTHC					1	1	_
						 	
	0	0			0 0	0	0
						+ 4	0
			+			1	

							moma r	momar
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	TROVEDER MELL				Davino	DENTINE	111111111111111111111111111111111111111	111111
3404931	WAKE CO HUM SVC	21	287	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		5308	164	PRIOR AUTHORIZED UNITS EXCEEDE	37	1069	12382	11313
				D				
		143	107	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404933	SOUTHEASTERN CT	3411	433	PROVIDER TYPE AND SPECIALTY 07				
	R FOR MH/DD			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		3412	54	PROVIDER TYPE AND SPECIALTY 07	0	593	3620	3027
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		120	49	CLIENT ID NUMBER MISSING OR IN				
	+		-	VALID. ENTER CID AND SUBMIT				
	-			AS A NEW CLAIM				
3404934	 	8535	221	SERVICE FACILITY LOCATION WAS				ļ
J7U4754	ONSLOW CARTERET	8535	641					
	BEHAV HEAL		-	NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				ļ
	1		-	FIRMSE RESUDENTI THE CHAIM WITH				ļ
	1	8534	91	SERVICE FACILITY LOCATION IS N				
	+	0001	>+	OT A VALID IPRS ATTENDING	1	637	2260	1623
	+		 	PROVIDER. PLEASE VERIFY THE F				-
				PROVIDER. PHEAGE VERIFI THE P				
		8599	82	DETAIL NOT COVERED BY COMBINAT				
		0333	02	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				BENEFII FACINGE.				
3404935		0	0	*** NO DATA TO REPORT ***				
3404933	WAYNE CO MENTAL	0	0	NO DATA TO REPORT				
	HEALTH CTR							
		0	0		0	0	0	
		0	0		0	0	0	
3404936	mun nna govi gnum	n	0	*** NO DATA TO REPORT ***				
	THE BEACON CENT	0		NO DATA TO REPORT				
	ER							
		0	0				0	
		7			0	0	U	,
3404937	THE BEACON CENT	21	9	DUPLICATE OF CLAIM-SYSTEM				
3404937	ER							
	EK							
	+	8599	6	DETAIL NOT COVERED BY COMBINAT	0	18	821	80
	+		†	ION OF RECIPIENT, PROVIDER AND	0	10	321	50.
	1		1	BENEFIT PACKAGE.				
	+		†					
	1	191	2	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404939	EAST CAROLINA B	23	1	SERVICE REQUIRES PRIOR APPROVA				
	EHAVIORAL H			L				
		<u> </u>						
		0	0		0	1	59	58
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0		0	0	0	(
				<u> </u>				
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H			<u> </u>				
			1.					
		0	0		0	0	0	
		0	0		0	0	0	(
		0	0		0	0	0	(

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	191	64	CLIENT ID NUMBER DOES NOT MATC				
	L HEALTH CE			H PATIENT NAME				
		11	26	CLIENT NOT ELIGIBLE ON SERVICE	3	123	552	429
				DATE				
		8599	17	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA	8508	22	CLAIM DENIED NO BUDGET FOUND				
	N SERVICES							
		21						
		21	5	DUPLICATE OF CLAIM-SYSTEM	1	33	1494	1463
		8537	2	PROCEDURE IS NOT PAYABLE FOR Y				
		0007	2	OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
				SPECIABIT IN ACCORDANCE TO MEN				
3404946		167	981	NO CHARGE BILLED. ENTER BILLED				
	FOOTHILLS AREAM	107	301	AMOUNT AND SUBMIT DETAIL AS				
	ENTAL HEALT			A NEW CLAIM				
				N MEN CHAIN		-		
		191	21	CLIENT ID NUMBER DOES NOT MATC				
	4	171	41	H PATIENT NAME	0	1002	4384	3382